



NOTICE AND CERTIFICATE OF ACTION TANF

State Form 1859 (R15 / 3-05) / FI 0619C

NOTICE TO APPLICANT

See the back of this form for important information
about your responsibilities and rights.

Case number	Last name			TRANSACTIONS <input type="checkbox"/> 001 Award <input type="checkbox"/> 007 Denial <input type="checkbox"/> 005 Change in status or award amount only <input type="checkbox"/> 101 Change in applicant / recipient name and SSN Effective date No. of children Award amount Date applied Social Security number Status Reason		
County	First and middle name					
Mail date of notice	Street address					
Mail date-pay.	City	State	ZIP code			

MO.	LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	SOCIAL SECURITY NO.

Effective _____ the following action is being taken by the County Office of the Division of Family Resources.

- ☐ Your application for TANF is denied.
- ☐ Your application is approved for a benefit of \$ _____ for the above-named persons.
- ☐ Your benefit is being changed from \$ _____ to \$ _____.
- ☐ Your benefit of \$ _____ is being discontinued.
- ☐ Your public assistance is being continued.
- ☐ Other (specify) _____

Narrative reason(s) for the action; law(s) or regulation(s) supporting and adverse action:

Signature of Director, County Office of the Division of Family Resources

Date of action by COFR (month, day, year)

DISTRIBUTION: White - Case Record; Canary- Applicant / Recipient

YOUR RESPONSIBILITIES AND APPEAL RIGHTS AS A RECIPIENT OF TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

I. YOUR RESPONSIBILITIES AS A TANF RECIPIENT (470 IAC 10)

You are responsible for reporting to the County Office of the Division of Family Resources any change in your circumstances which may affect your eligibility for TANF *within 10 days of the date on which the change occurs*. The changes which you should report include, but are not limited to, the following:

- You receive money from a job, relatives, Social Security, the absent parent(s) of your children, or any other source.
- Your income from any source increases, decreases, or stops.
- You or a member of your family begins or stops work or training.
- Your spouse, the step-parent of your child(ren) who is receiving TANF, receives money from a job or another source or your spouse's income from any source increases, decreases, or stops.
- You move to another address or there is a change in the amount of rent or utilities where you live.
- Someone moves into or out of your home, including your child(ren).
- You plan to remain outside the county or outside Indiana for more than 30 days.
- You obtain real estate or personal property, or you plan to sell or dispose of real estate or personal property.
- Your child(ren) 16 - 18 years old drops out of school or training.
- You no longer personally provide care to any of your child(ren) on a full time basis.
- You get married, you reunite with your spouse, or the absent parent of your child(ren) returns to the home.
- You learn of the whereabouts of a parent(s) who deserted or abandoned the child(ren) who is receiving TANF.

If you are not sure about the types of changes that are to be reported to the County Office of the Division of Family Resources, you should contact your caseworker. You must keep in mind that a person who receives TANF by making false statements, by misrepresenting his/her situation, or by failing to report information will be required to make a repayment and may be criminally prosecuted under Indiana law.

II. YOUR RIGHT TO APPEAL AND TO HAVE A FAIR HEARING

- A. If your TANF is being reduced or discontinued, you have *10 days from the date of this notice (13 days if it was mailed to you)* in which to request an appeal so that your assistance is continued at the previous month's level. However, if the County Office action is found to be correct, you will be required to repay assistance paid to you or in your behalf pending the release of the hearing decision.
- B. Any applicant whose application is denied or any recipient who does not appeal as provided above may appeal within 30 days of the effective date of the action taken by the County Office with which he does not agree. However, your benefits will not be continued unless you appeal within the time period set forth above.

III. HOW TO APPEAL

If you wish to appeal, send a letter with your signature to the County Office stating that you wish to appeal. Be sure the letter contains your address and a telephone number where you can be reached. If you are unable to write this letter for yourself, contact your caseworker who will assist you in requesting this appeal. You will be notified by the Family and Social Services Administration of the date, time and place for the hearing. Prior to, or at the hearing, you will have the right to examine the entire contents of your case record at the County Office. You may represent yourself at the hearing or authorize a representative, such as an attorney, a relative, a friend or other spokesperson, to do so. At the hearing you will have full opportunity to bring witnesses, establish all pertinent facts and circumstances, advance any arguments without interference, and question or refute any testimony or evidence presented by the State or County Office.

IV. HOW YOUR TANF BENEFITS AFFECT YOUR FOOD STAMP ALLOTMENT

The amount of your food stamps is based on your income (*including the amount of your TANF benefits*) and your expenses. Therefore, your food stamp benefits are recalculated and are likely to change if your income (*including TANF*) or expenses change. If there is any change in the amount of your food stamp allotment, you will receive a separate notice explaining your new food stamp amount, when the new amount is effective and why the amount changed.